PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a

Docket Number 650064.406USPC

FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 09/889,203

Filed March 13, 2002

Art Unit 1618		Examiner Blessing M. Fubara						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
,	<u>Fee</u>	Small Entity Fee	•					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$					
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$					
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>					
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27.								
🗵 A check in the amount including the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached:								

For A COMPOSITION AND METHOD FOR THE ENHANCEMENT OF THE EFFICACY OF DRUGS

duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a

I am the applicant/inventor.

application to a Deposit Account.

assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

The Director is hereby authorized to charge any fees which may be required,

X attorney or agent of record. Registration No. 44,614

The Director has already been authorized to charge fees in this

attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34.

September 11, 2006

Signature

William T. Christiansen, Ph.D.

206-622-4900

Typed or printed name

Telephone Number

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EXPRESS MAIL NO. EV719380429US

The state of the s		(LLD 4949)	Complete if Known					
Tops Pursuant to the Consolidated Approp			Application Number 09/889,203					
TO PEETRANS	MITTAI		Filing Date		March 13, 2002			
SEP 1 1 2006 For FY 2	വര		First Named Inventor		Tracey Brown			
9/			Examiner Na	ame	Blessing M.	Fubara		
Applicant sims small entity stat		FR 1.27	Art Unit		1618			
TOTAL AMOUNT OF PAYMENT	(\$)1810		Attorney Do	cket No.	650064.406	USPC		
METHOD OF PAYMENT (check all	that apply)							
☐ Credit Card	Money Order	Other (please identify	y):				
Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC								
For the above-identified depos		Director is he						
Charge fee(s) indicated be		Ļ	•	•		ot for the filing fee		
Charge any additional fee		yments 2	Charge any	underpaym	nents or credit	any overpayments		
of fee(s) under 37 CFR 1. Warning: Information on this form may become		ard information s	should not be inclu	ided on this foi	rm Provide credi	t card information and		
authorization on PTO-2038.	me public. Great o		modia not de mole					
FEE CALCULATION (All the fees	below are due	upon filing	or may be su	ıbject to a	surcharge.)			
1. BASIC FILING, SEARCH, AND	EXAMINATIO	N FEES						
FILING	FEES	SEARCH	H FEES		INATION			
				FI	EES Small			
	Small Entity		Small Entity		Entity			
Application Type Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility 300	150	500	250	200	100			
Design 200	100	100	50	130	65			
Provisional 200	100	. 0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity		
Fee Description					<u>F</u>	ee (\$) Fee (\$)		
Each claim over 20 (including Reissu	es)					50 25		
Each independent claim over 3 (include	ding Reissues)					200 100		
Multiple dependent claims						360 180		
Total Claims Extra Clai	ims <u>Fe</u>	e (\$)	Fee Paid	(\$)	Multiple	Dependent Claims		
-20 or HP =	x	=			Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims	s paid for, if gre	eater than 20.		•				
Indep. Claims Extra Clai		e (\$)	Fee Paid	(\$)				
-3 or HP =	x	=						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE	•	. •						
If the specification and drawings ex	ceed 100 shee	ts of paper (e	excluding elect	tronically file	ed sequence	or computer listings		
under 37 CFR 1.52(e)) the applicati	ion size fee du	e is \$250 (\$1)	25 for small er	ntity) for each	ch additional 5	50 sheets or fraction		
thereof. See 35 U.S.C. 41(a)(1)(G)				5	u.:	- (A)		
Total Sheets Extra Shee			dditional 50 o			e (\$) Fee Paid (\$)		
	/50 =	(round up	to a whole nu	imber)	×			
4. OTHER FEE(S)						Fees Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):	3 month exter	nsion of time				<u>1020</u>		
RCE						<u>790</u>		
SUBMITTED BY Registration No. A4 614 Tolophore 205 622 4000								
Signature			stration No. rney/Agent)	44,614	Telephone	206-622-4900		
Name (Print/Type) William T. Ch	ristiansen, Ph			,	Date	September 11, 2006		

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